



# TOWN OF HUNTINGTON

## INSTRUCTIONS: SIGN PERMIT APPLICATION

All commercial and industrial signs in the Town of Huntington are required to have a permit. The Huntington Town Code Section §198-97 requires that all signs other than those exempted in §198-92A shall be subject to the issuance of a sign permit and/or an inspection by the Sign Inspector to determine that the sign complies with all applicable regulations. No sign shall be erected until the inspection by the sign inspector is complete and sign permit has been issued.

### PROCEDURE TO APPLY FOR A PERMIT TO ERECT A SIGN

#### **APPLICATION: Complete Application Forms SP1, SP2 & SP 3.**

All Awning signs, please provide a copy of the building permit for the awning.

\*\*\*\*\* NEW AS OF 12/01/2010 YOU MUST HAVE A \*\*\*\*\*  
SUFFOLK COUNTY CONSUMERS AFFAIRS SIGN INSTALLERS LICENSE NUMBER I

\*\*\*\* YOU MUST HAVE A CERTIFICATE OF OCCUPANCY OR A PERMITTED USE \*\*\*\*  
\*\*\*\* FROM BUILDING DEPARTMENT \*\*\*\*

\*\*\*\*\*INCOMPLETE APPLICATION FORMS WILL BE RETURNED\*\*\*\*\*

**SURVEY:** For Free Standing Signs, 1 copy of a survey showing all structures and the location of the sign.

**PLANS:** Plans may be attached to the application form. Include One (1) elevation and specification plan of the sign, showing dimensions, materials and details of the sign construction and affix One (1) sketch of the sign showing its wording and coloring, and the dimensions of the wall. For ground signs, or directory signs, front and side yard setbacks must be shown.

#### **CERTIFICATE OF WORKMEN'S COMPENSATION AND DISABILITY BENEFITS:**

Proof that required workers' compensation and disability benefits coverage has been obtained, or is not required per Section 57 of the Workers' Compensation Law and Section 220, subd. 8 of the Disability Benefits Law.

**FEE:** As per section §198-97, fees for facial, monument and freestanding signs are \$3.00 per square foot.  
The minimum fee is \$75.00.  
Please make checks payable to "Town of Huntington".  
Fees are nonrefundable. Returned Check Fee \$20.00  
Inspection fee as required per § 198-97 (A) (3) shall be \$35.00 per sign with a maximum fee of \$125.00 per location.

CHECK, MONEY ORDER OR CREDIT CARD MASTER CARD, VISA, AMERICAN EXPRESS, DISCOVER CARD  
\*\*\*\*\* NO CASH WILL BE ACCEPTED OVER \$25.00\*\*\*\*\*

\*\*\*\*Signs installed without permit will be three times the amount established from above.\*\*\*\*

**YOU MUST HAVE ALL APPLICATIONS FILLED OUT COMPLETEY!**

For Further information, please call Bob Simpson Senior Sign Inspector (631) 351.3140/351.3031

FAX 631.351.3169

Revised 2/1/2013



# APPLICATION FOR SIGN PERMIT

Town of Huntington, 100 main st, Room 310 Huntington, N.Y. 11743  
631.351.3140 FAX 631.351.3169



DATE \_\_\_\_\_ ZBA NO. \_\_\_\_\_ BUILDING PERMIT / CO / PERMITTED USE NO. \_\_\_\_\_

FEE \$ \_\_\_\_\_ AREA OF SIGN \_\_\_\_\_ HT x \_\_\_\_\_ W = \_\_\_\_\_ SQ. FT OR .15% PRINCIPAL FRONTAGE = \_\_\_\_\_ SQ. FT.

ZONE \_\_\_\_\_ SUFFOLK COUNTY TAX MAP#: 0400 SEC. \_\_\_\_\_ BLK. \_\_\_\_\_ LOT \_\_\_\_\_

LOCATION OF LOT: (WHICH CORNER OR WHAT SIDE OF STREET & DISTANCE FROM NEAREST INTERSECTION?)

NAME OF BUSINESS \_\_\_\_\_ STORE OR BRANCH # \_\_\_\_\_

CORPORATION NAME \_\_\_\_\_

NAME OF APPLICANT SIGN OWNER \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

BUSINESS ADDRESS /PO BOX \_\_\_\_\_

CORPORATION BILLING ADDRESS \_\_\_\_\_

NEW ( ) REPLACEMENT ( ) SEND RENEWAL TO ( ) SIGN OWNER ( ) CONTRACTOR ( ) PROPERTY OWNER

( ) FACIAL BOX SIGN ( ) CHANNEL LETTER ( ) PIN LETTERS ( ) FREESTANDING ( ) MONUMENT ( ) AWNING ( ) WINDOW

( ) DIRECTORY SIGN ( ) FACIAL PANEL SIGN TO BE ILLUMINATED? ( ) YES ( ) NO TYPE: ( ) DIRECT ( ) INDIRECT

SIGN TO FACE ( ) N ( ) S ( ) E ( ) W ELEVATION BUILDING ( ) SINGLE TENANT ( ) MULTIPLE TENANT

ARE THERE ANY OTHER SIGNS ON THIS BUILDING? ( ) YES ( ) NO HOW MANY? \_\_\_\_\_

## AFFIDAVIT OF PROPERTY OWNER

STATE OF NEW YORK

SS:

COUNTY OF SUFFOLK

I, We ..... the owner of the premises described in this application have read the foregoing application and hereby consent that a sign be erected and maintained in accordance with this application.

PROPERTY OWNERS ADDRESS \_\_\_\_\_

SWORN BEFORE ME THIS ..... DAY

OF ..... 20.....

NOTARY OF PUBLIC

Signature of Owner of Property

## AFFIDAVIT OF SIGN OWNER

In consideration of the foregoing application made to the Department of Public Safety of the Town of Huntington,

Huntington, N.Y., (I) (We) .....

Hereby agree to preserve and save harmless the Town of Huntington from any and all liability and damage and from all cost and expense for and by reason of any injury or damage to persons or property arising from or in any way connected with the erection, placing or hanging of such sign or in the maintenance thereof

SWORN BEFORE ME THIS ..... DAY

Of ..... 20.....

NOTARY OF PUBLIC

Signature of Sign Owner

## FOR CREDIT CARD PAYMENT FILL OUT BELOW:

AMERICAN EXPRESS ☐ VISA ☐ MASTERCARD ☐ DISCOVER CARD ☐ AMOUNT \$ \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ 3 DIGIT CODE ON BACK OF CARD \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CARD HOLDER SIGNATURE X \_\_\_\_\_ 4 Digit Code for Amex \_\_\_\_\_

For Office Use Only

APPROVED DATE \_\_\_\_\_ PERMIT # \_\_\_\_\_ APPROVED BY \_\_\_\_\_ CHECK # \_\_\_\_\_

Historic Preservation Review - Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Sign Fee \$ \_\_\_\_\_ 3X FEE \$ \_\_\_\_\_



TOWN OF HUNTINGTON  
SIGN CONTRACTOR / INSTALLER INFORMATION  
100 MAIN ST, ROOM 310 HUNTINGTON, NY 11743  
631.351.3140 FAX 631.351.3169



NAME OF SIGN CONTRACTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

SUFFOLK COUNTY SIGN HANGERS LICENSE NUMBER \_\_\_\_\_

DATE OF EXPIRE \_\_\_\_\_

**FOR ALL NEW ILLUMINATED SIGNS YOU MUST FILL OUT SECTION  
BELOW**

SUFFOLK COUNTY ELECTRICAL LICENSE NUMBER \_\_\_\_\_

DATE OF EXPIRE \_\_\_\_\_

**IF A ELECTRICAL CONTRACTOR IS USED PLEASE FILL OUT BELOW**

\_\_\_\_\_  
\_\_\_\_\_

NAME OF ELECTRICAL CONTRACTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

SUFFOLK COUNTY ELECTRICAL LICENSE NUMBER \_\_\_\_\_

DATE OF EXPIRE \_\_\_\_\_

**\*\*\*\*NOTE COPY OF INSURANCE IS REQUIRED\*\*\*\***

**ALL NEW ILLUMINATED SIGNS INSTALLED REQUIRE A  
ELECTRICAL INSPECTION CERTIFICATE.**

# TOTAL MAX SQ FT OF FACIAL AND FREE STANDING SIGNS

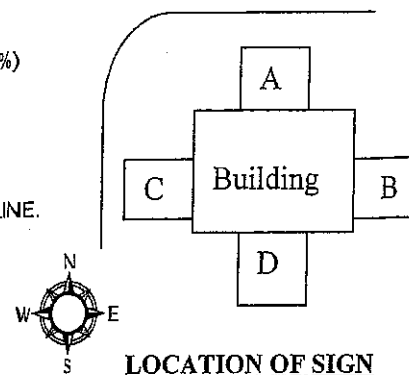
C-5,C-6,C-7,C-8 TOTAL AREA OF ALL (3) IDENTIFICATION SIGNS 60 SQ FT OR (15%)

C-2,C-3,C-4,C-9,C-10,C-11 TOTAL AREA OF ALL (3) IDENTIFICATION SIGNS 30 FT OR (15%)

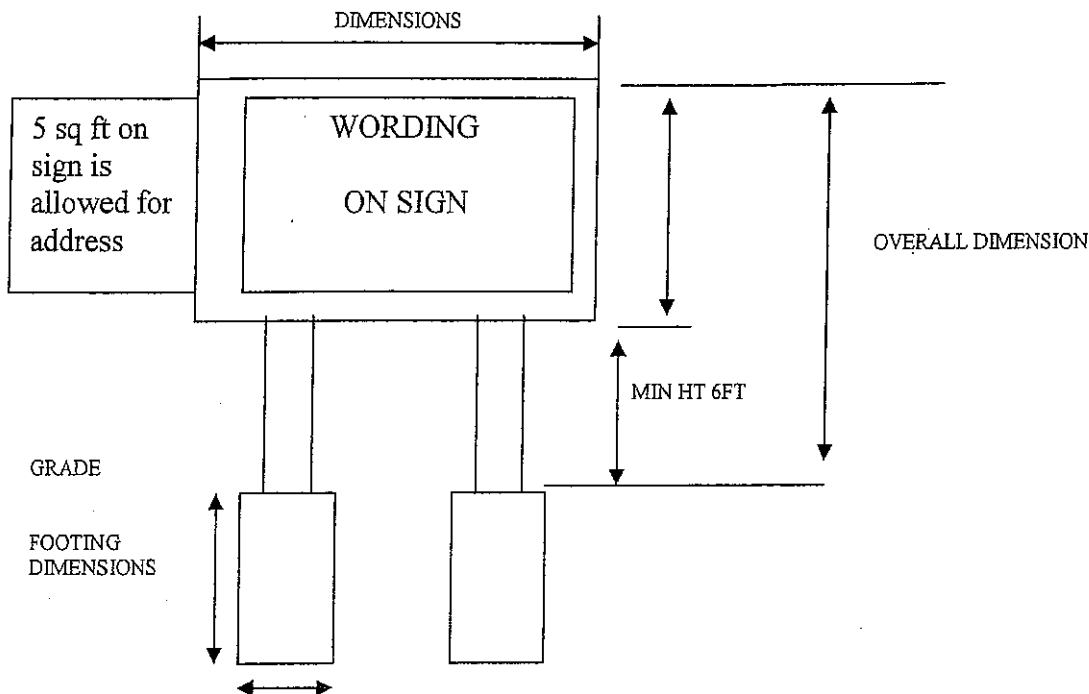
C-1,C12 TOTAL AREA OF (1) FACIAL SIGN 10 SQ FT

I-1, I-2, I-3, I-4 TOTAL AREA OF (1) FACIAL SIGN 60 SQ FT

FREE STANDING SIGN AREA (32) SQ FT 10 FT SET BACK FROM STREET RIGHT -WAY LINE.



## REQUIRED FREE-STANDING SIGN INFORMATION



SQUARE FOOTAGE OF BUILDING FRONTAGE = \_\_\_\_\_ HEIGHT X WIDTH

SQUARE FOOTAGE OF FACIAL SIGN = \_\_\_\_\_

SQUARE FOOTAGE OF PROPOSED SIGN = \_\_\_\_\_

TOTAL SQUARE FOOTAGE ALL SIGNS = \_\_\_\_\_

ILLUMINATION EXTERNAL \_\_\_\_\_

INTERNAL \_\_\_\_\_

## SURVEY SHOWING LOCATION OF SIGN WITH SETBACKS FROM PROPERTY LINE

\*\*\*ALL NEW FREE-STANDING SIGNS REQUIRE FOOTING INSPECTIONS\*\*\*

\*\*\*\*\*

AS PER TOWN CODE 198-92 I (2) ANY PROPOSED FREE-STANDING SIGN WITHIN A HISTORIC DISTRICT, A HISTORIC OVERLAY DISTRICT OR A HISTORIC SITE OR LAND MARK SHALL BE SUBJECT TO A REVIEW AND APPROVAL OF THE TOWN OF HUNTINGTON HISTORIC PRESERVATION COMMISSION, AS WELL AS THE DIRECTOR OF PUBLIC SAFETY.

TOWN OF HUNTINGTON SIGN BUREAU

100 MAIN ST RM 310

HUNTINGTON, NY 11743

631.351.3140 FAX 631.351.3169

FORM SP 3 2012



# Town of Huntington

FRANK P. PETRONE, *Supervisor*

DEPARTMENT OF PUBLIC SAFETY

## Sign Department Free Standing Sign Setbacks

Minimum - 10' back from the right of way or property line.

At 10' max. 32sq.ft.sign. Height can only be 1/2 of the square footage.

MIN 6 FT FROM GROUND TO BOTTOM OF SIGN

Set back	Max. square footage	Max. height
10	32	16'
11	34	17'
12	36	18'
13	38	19'
14	40	20'
15	42	21'
16	44	22'
17	46	23'
18	48	24'
19	50	25'
20	52	26'
21	54	27'
22	56	28'
23	58	29'
24	60	30' ** <u>MAX HEIGHT ALLOWED BY TOWN CODE</u>
25	62	
26	64	
27	66	
28	68	
29	70	
30	72	
31	74	
32	76	
33	78	
34	80	
35	82	
36	84	
37	86	
38	88	
39	90	
40	82	
41	94	
42	96* * <u>MAX SQ FT ALLOWED BY TOWN CODE</u>	

TOWN OF HUNTINGTON

100 Main RM 310 Street, Huntington, New York 11743-6991 • Phone (631) 351-3140 • Fax (631) 351-3114

[HTTP://TOWN.HUNTINGTON.NY.US](http://town.huntington.ny.us)



**APPLICATION FOR HOME OCCUPATION SIGNS**  
Town of Huntington, 100 main st, Room 310 Huntington, N.Y. 11743  
**INSPECTION FEE PER SIGN \$35.00**



DATE \_\_\_\_\_ INSPECTION FEE \$ \_\_\_\_\_ ZBA NO. \_\_\_\_\_ BUILDING PERMIT / CO / PERMITTED USE NO. \_\_\_\_\_

PROPERTY TAX MAP#: 0400 SEC. \_\_\_\_\_ BLK. \_\_\_\_\_ LOT \_\_\_\_\_ AREA OF SIGN \_\_\_\_\_ HT x \_\_\_\_\_ W = \_\_\_\_\_ SQ.FT

ZONE \_\_\_\_\_

LOCATION OF LOT: (WHICH CORNER OR WHAT SIDE OF STREET & DISTANCE FROM NEAREST INTERSECTION?)

\_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_ NAME OF OWNER \_\_\_\_\_

BUSINESS ADDRESS /PO BOX \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NEW ( ) REPLACEMENT ( ) ONE NAMEPLATE AND ONE HOME OCCUPATION SIGN EACH NOT MORE THAN TWO (2) SQ FEET

( ) PIN LETTERS ( ) FREESTANDING ( ) MONUMENT ( ) FACIAL PANEL SIGN TO FACE ( ) N ( ) S ( ) E ( ) W

SIGN TO BE ILLUMINATED? ( ) YES ( ) NO TYPE: ( ) DIRECT ( ) INDIRECT

ALL SIGNS TO BE NON ILLUMINATED EXCEPT FOR OFFICE FOR PHYSICIANS

NAME OF CONTRACTOR / INSTALLER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

SUFFOLK CONSUMER AFFAIRS SIGN INSTALLERS LICENSE NUMBER # \_\_\_\_\_

CONTRACTORS ELECTRICAL LICENSE NUMBER AND NAME # \_\_\_\_\_

**AFFIDAVIT OF PROPERTY OWNER**

STATE OF NEW YORK  
SS:  
COUNTY OF SUFFOLK

I, We .....the owner of the premises  
described in this application have read the foregoing application and hereby consent that a sign be erected and maintained in accordance with this application.

PROPERTY OWNERS ADDRESS \_\_\_\_\_

SWORN BEFORE ME THIS .....DAY  
OF.....,20.....

.....  
Signature of Owner of Property

NOTARY OF PUBLIC

**AFFIDAVIT OF SIGN OWNER**

AMERICAN EXPRESS ☐ VISA ☐ MASTERCARD ☐ DISCOVER CARD ☐ AMOUNT \$ \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ 3 DIGIT CODE ON BACK OF CARD \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CARD HOLDER SIGNATURE X \_\_\_\_\_ 4 Digit Code for Amex \_\_\_\_\_

For Office Use Only

APPROVED DATE \_\_\_\_\_ APPROVED BY \_\_\_\_\_ CHECK # \_\_\_\_\_ INSPECTION FEE \$ \_\_\_\_\_

Historic Preservation Review - Approved \_\_\_\_\_ Disapproved \_\_\_\_\_



# TOWN OF HUNTINGTON

FRANK P. PETRONE, *Supervisor*

DEPARTMENT OF PUBLIC SAFETY

For Office use only;

Approved Date: \_\_\_\_\_

Paid Amount :\$ \_\_\_\_\_

Check # \_\_\_\_\_

Permit # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

## TEMPORARY EVENT & GRAND OPENING SIGN APPLICATION

☐ **TEMPORARY EVENT**  
( 15 CONSECUTIVE DAYS ONLY)

☐ **GRAND OPENING**  
( 30 CONSECUTIVE DAYS )

1. Start of Display Date: \_\_\_\_\_ End of Display Date: \_\_\_\_\_
2. Business Name \_\_\_\_\_ Phone#: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Tax Map #: \_\_\_\_\_
6. Contact Person : \_\_\_\_\_ Phone #: \_\_\_\_\_
7. Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_
8. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Types of Display Signage (Check All the sign types you plan to display)

- ☐ Temporary signs(maximum (5) not to exceed (90)sq ft, no single sign shall exceed (32)sq ft)
- ☐ Balloons      ☐ Pennants/Streamers      ☐ Flags (United States Flag/any other Nation Exempt)
- ☐ Wind Animated Devices      ☐ Inflatable Statuary      ☐ Rigid Portable Signs (maximum height, 6 feet)
- ☐ Other \_\_\_\_\_

I certify that the information on this application furnished by me is true and correct and that the applicable requirements (see 198-93.1) of the Town of Huntington Sign code will be met.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\* FEES: \$50.00 PER EVENT \*\*\*CHECK, MONEY ORDER OR CREDIT CARD ONLY \*\*\*

FOR CREDIT CARD PAYMENT : ACCOUNT # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

AMERICAN EXPRESS    ☐ VISA    ☐ MASTER CARD    ☐ DISCOVER CARD    ☐ AMOUNTS \_\_\_\_\_

3 DIGIT CODE ON CARD \_\_\_\_\_ 4 DIGIT ON AMEX \_\_\_\_\_ CARD HOLDER SIGNATURE \_\_\_\_\_

TOWN OF HUNTINGTON/SIGN BUREAU/ROOM 310

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